### **FCC 388**

# **DTV Quarterly Activity Station Report**

#### Instructions

Station Call Sign(s)

Report reflects information for quarter ending (mm/dd/yy)

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must be submitted for each quarter in which a station has DTV Transition education obligations.

**WBCC** 

| Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?                                   |                             |             |         |                                  |                       |          |
|---|-----------------------------|-------------|---------|----------------------------------|-----------------------|----------|
| Option One (A and D) Option Two (B and D) X Option Three (C and D)  |                             |             |         |                                  |                       |          |
| Over the past quarter, have you fully complied with the requirements of this option?  X Yes No  |                             |             |         |                                  |                       |          |
| Simulcasting Are you simulcasting on your Analog channel and your primary Digital stream?  X Yes No                                   |                             |             |         |                                  |                       |          |
| If YES, complete only one form for both. If NO, complete a form for your Analog channel and a second for your primary Digital stream. |                             |             |         |                                  |                       |          |
| Call Sign   | Channel Numbers             |             | Con     | nmunity of                       | License               |          |
|   | 68                          |             | City    | State                            | County                | Zip Code |
| WBCC  | Analog X Digital 30 X       | COCOA       |         | FL                               | BREVARD               | 32922    |
| Licensee Brevard Community College  |                             |             |         |                                  |                       |          |
| Above, check the Channel Number(s) to which this form applies.  |                             | Nielsen DMA | World   | World Wide Web Home Page Address |                       |          |
|   |                             |             | Orlando | www                              | .wbcctv.edu           |          |
| Facility ID Number  | Previous Call Sign (if appl | icable)     | Licer   | se Renewa                        | l Expiration Date (mm | /dd/yy)  |
| 6744  | WRES                        |             | С       | 2                                | 0 1 1                 | 3        |

#### Section A (For broadcasters electing Option One)

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

| Have you aired a suffic                               | ent number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period)                   |
|---|---|
| during the correct quarte                             | ers of the day?   |
| Yes   | No  |
| Have you aired a suffice<br>during the correct quarte | ent number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) ers of the day? |
| Yes   | No No   |

#### Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Ouarter

| How many DTV PSAs and CSTs did your station run betwee   | n 5:00 a.m. and 1:00 a.m. last quarter?                      |
|--|--|
| Total 5:00 a.m. to 1:00 a.m. PSAs  |  |
| Total 5:00 a.m. to 1:00 a.m. CSTs  |  |
| For informational purposes only, how many DTV PSAs and 0 to 9:00 a.m.?   | CSTs did your station run in the last quarter from 6:00 a.m. |
| Total 6:00 a.m. to 9:00 a.m. PSAs  |  |
| Total 6:00 a.m. to 9:00 a.m. CSTs  |  |
| For stations located in the Eastern or Pacific Time Zone, how last quarter from 6:00 p.m. to 11:35 p.m. (must average at lea | · · · · · · · · · · · · · · · · · · ·                        |
| Total 6:00 p.m. to 11:35 p.m. PSAs   |  |
| Total 6:00 p.m. to 11:35 p.m. CSTs   |  |
| For stations located in the Central or Mountain Time Zone, last quarter from 5:00 p.m. to 10:35 p.m. (must average at lea    | •  |
| Total 5:00 p.m. to 10:35 p.m. PSAs   |  |
| Total 5:00 p.m. to 10:35 p.m. CSTs   |  |
| Comments (add additional sheets where necessary):  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 30 Minute Educational Programs - Last Quarter

| •  | DTV-related informational programs tween the hours of 8:00 a.m. and 11:3 | did your station run during the quarter? At least one such 5 p.m., prior to February 17, 2009.   |
|--|--|--|
| Total number of 30 Min                         | ute Informational Programs   |  |
| Comments (add addition                         | al sheets where necessary):  |  |
|  |  |  |
| Option Two will engage<br>"Countdown To DTV" o | e in special 100-Day "Countdown to D                                     | ning on November 10, 2008, all stations participating in OTV" activities. Stations must execute a minimum of one days leading up to February 17, 2009. During the last OTV" pieces did your station run? |
|  | Graphic Displays   |  |
|  | Animated Graphics  |  |
|  | Graphic and Audio Displays   |  |
|  | Longer Form Reminders  |  |
| Comments (add addition                         | al sheets where necessary):  |  |
|  |  |  |

### Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

| Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?  X Yes No   |
|---|
| 30 Minute Educational Programs - Last Quarter   |
| How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009. |
| Total number of 30 Minute Informational Programs  0   |
| Comments (add additional sheets where necessary):   |
| WBCC will begin broadcasting a $30$ min Transition Education Piece in April, $2008$   |
|   |
|   |

| Section D (For all broadcasters)   |   |
|--|---|
|  | er Did your station run additional on-air initiatives (such as news The comment box may be used to describe these initiatives.    |
| X Yes No   | Comments (add additional sheets where necessary): WBCC has aired an 8 min Filler Produced by the Consumer Electronics Association |
| Station Website Additional Activity Related to the   | DTV Transition - Last Quarter   |
| Does your station have a Website?  | Yes No  |
| If YES, did your station provide additional DTV relations be used to describe what was posted on the station's V | ated information or activities on that Website? The comment box may   |
| Yes X No   | Comments (add additional sheets where necessary):   |
| Additional DTV Outreach Efforts Last Quart station engaged in over the last quarter. The commen                  | er Check all of the DTV related activities listed below that your t box may be used to describe this activity.                    |
| Speaking Engagements   | Comments (add additional sheets where necessary):   |
| Community Events   | Comments (add additional sheets where necessary):   |
| X Other (describe)   | Comments (add additional sheets where necessary): WBCC has begun Conversations with retailer about Fublic ed.                     |
| the last quarter.  | omments or information about your station's DTV activity over   |
| Comments (add additional sheets where necessary):  | ì   |

#### STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

| Typed or Printed Name of Person Signing | Typed or Printed Title of Person Signing |
|---|--|
| Joe Williams                            | AVP of telecommunications                |
| 1                                       |  |
| Signature                               | Date                                     |
| / / / / / / / /                         | 4-4-08                                   |
| for Will                                |  |
|   |  |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to <a href="mailto:pra@fcc.gov">pra@fcc.gov</a>. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

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